HOW TO DISMISS YOUR ATTORNEY

This form should be completed if you no longer wish to be represented by your attorney.

Complete the form. Follow the attached sample. Be sure to sign and date the form.

If your attorney has filed your case with the Workers' Compensation Appeals Board, send the original form to the WCAB. If no case has been filed, keep the original form for your records. Send a copy to the attorney you are dismissing and to the insurance company. Mail a copy of this form to all other parties involved in your case.

Keep a copy for your records.

If you need help you may call an Information and Assistance Office. The local I & A phone numbers are listed on the back of this guide.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations which are different than presented here.

WORKERS' COMPENSATION APPEALS BOARD DISTRICT OFFICES

1661 N. Raymond Avenue Ste. 200 (714) 738-4038 1880 North Main Street, 1st Floor Information & Assistance Unit (408) 443-3058 Information & Assistance Unit BAKERSFIELD, 93309 1800 30th Street, Rm.100 Information & Assistance Unit (661) 395-2514 SAN BERNARDINO, 92401-1888 464 West Third Street, Ste. 239 Information & Assistance Unit (909) 383-4522 Information & Assistance Unit EUREKA, 95501-0421 100 "H* Street, Rm. 2011 Information & Assistance Unit (707) 441-5723 Information & Assistance Unit (619) 525-4589 Information & Assistance Unit FRESNO, 93721-2280 2550 Manposa Street, Rm. 4078 Information & Assistance Unit (559) 445-5355 SAN FRANCISCO (DISTRICT OFFICE), 94102 455 Golden Gate Ave., 2nd Floor Information & Assistance Unit (415) 703-5020 Information & Assistance Unit GOLETA, 93117 6755 Hollister Avenue Information & Assistance Unit (805) 968-4158 100 Paseo de San Antonio, Rm. 223 Information & Assistance Unit (408) 277-1292 Information & Assistance Unit GROVER BEACH, 93433-2261 1562 Grand Avenue Information & Assistance Unit (805) 481-3296 SANTA ANA, 92701-4080 22 Cvirc Center Plaza, Ste. 451 Information & Assistance Unit (714) 558-4597 Infor	ANAHEIM, 92801		SALINAS, 93906	
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100 "H" Street, Rm. 201	Information & Assistance Unit		Information & Assistance Unit	
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2550 Mariposa Street, Rm. 4078 Information & Assistance Unit		(707) 441-5723		(619) 525-4589
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Information & Assistance Unit Information & Assistance Unit	3737 Main Street, Ste. 300	(909) 782-4347	175 Lennon Lane, Rm. 200	(925) 977-8343
	Information & Assistance Unit		Information & Assistance Unit	
SACRAMENTO, 95825				
2424 Arden Way, Ste. 230 (916) 263-2741 Information & Assistance Unit		(916) 263-2741		

STATE OF CALIFORNIA

Department of Industrial Relations Division of Workers' Compensation

WORKERS' COMPENSATION APPEALS BOARD

your name) Case No. your WCAB case number
your employer and insurance company	Notice of Dismissal of Attorney
ı, <u>your name</u>	, applicant in the above-entitled
case, have heretofore been represented bynam	e of your attorney
as my attorney of record. I have dismissed said atto	orney and have no attorney whatsoever at the present time
and wish to have future documents served upon me a	nd not on my former attorney.
Copies of this notice were mailed to the following:	
(1) your attorney	
(2) insurance company	
(3) WCAB	
(4) other parties	
on <u>date mailed</u>	
(Date)	
	your signature
	(Applicant) your address
	(Address)

STATE OF CALIFORNIA

Department of Industrial Relations Division of Workers' Compensation

WORKERS' COMPENSATION APPEALS BOARD

)	Case No.
vs.	Applicant,))))	Notice of Dismissal of Attorney
	Defendants	
I,		, applicant in the above-entitled
case, have heretofore been represented	by	
as my attorney of record. I have dismissed	said attorney and	have no attorney whatsoever at the present time
and wish to have future documents served up	oon me and not or	my former attorney.
Copies of this notice were mailed to the following:		
on(Date)		
		(Applicant)
		(Address)